



17F(N.E.)
Patent
S.N. 09/642,911
6822/62934

RESPONSE UNDER 37 CFR 1.116

EXPEDITED PROCEDURE

EXAMINING GROUP 2672

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mitsunori Okagaki
Serial No.: 09/642,911
Filed: August 21, 2000
For: COMMUNICATION TERMINAL
Group Art Unit: 2672
Examiner: Ryan R. Yang

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APR 08 2004

Technology Center 2600

I hereby certify that this paper is being deposited this date with the U.S. Postal Service in first class mail addressed to Mail Stop AF; Commissioner of Patents and Trademarks, P.O. Box 1450, Alexandria, VA 22313-1450.

Donald S. Dowden
Reg. No. 20,701

Date
April 1, 2004

1185 Avenue of the Americas
New York, New York 10036
(212) 278-0400
April 1, 2004

AMENDMENT AFTER FINAL REJECTION

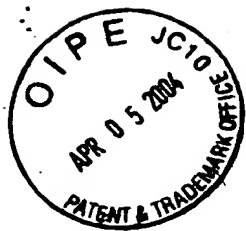
Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is in response to the Office Action mailed January 16, 2004. Please amend the application identified above as follows:

Amendments to the claims are reflected in the listing of claims which begin on page 3 of this paper.

Remarks begin on page 5 of this paper.



COPY

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Mail Stop Non-Fee Amendment
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

S I R:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.

_____ a verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED	FEE			
				SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
Total Claims	2	* 20	*** 0	9	18	\$	\$0
Indepen- dent Claims	2	** 3	*** 0	42	84	\$	\$0
Multiple Dependent Claims Presented _____ Yes _____ <u> X </u> No				140	280	\$	\$0
For First Time:				TOTAL ADDITIONAL FEE		\$	\$0

Amendment Transmittal Letter
Page 2

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

"The HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

____ Please charge Deposit Account No. 03-3125 in the amount of \$____.
Three copies of this sheet are enclosed.

____ Applicant hereby petitions for a ____ month extension. Our check in the amount of ____ is enclosed.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Two copies of this sheet are enclosed.

X Any additional fees under 37 C.F.R. §1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 C.F.R. §1.17.

Dated: April 1, 2004

Respectfully submitted,



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